## 1621 Park Place

## Panel 144C

This EC was generated to demonstrate that the building was built equal to or above the Minimum Finished Floor recorded on the Plat. Based on the attached aerial photo and Plat the structure is not in a SFHA.

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## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 3087-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.	
BUILDING OWNER'S NAME	For Insurance Company Use:
THOMAS STOP	Policy Number
BUILDING STREET ADDRESS (Including Ant., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY	ZIP CODE
PROPERTY DISCRIPTION (Let and Block Numbers, Tax Percel Number, Land Description	27840
BUILDING USE (e.g., Residentia), Non-residential, Addition, Accessory, etc. Use Comments and in the	,
LATITUDE LONGITUDE (OPTIONAL) HORIZONTAL DATING	
( 作者・作者・作者・作者・作者・作者・作者・作者・作者・作者・作者・作者・作者・作	p  _  Other:
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATIO	N
B1. NEP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME CITY OF CALKER STATION 4800 82 BEARS	HJ. STATE
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B6. FLOOD	BB. BASE FLOOD ELEVATION
48041 C 0144 C Mand 15 May Defrective Revised DATE ZONE(S)	(Zona AO, use death of floodin
To indicate the source of the Base Flood Elevetion (BFE) data or base flood depth antared in BR	1 0141.03
I I TO F TO THE LATER OF THE LA	
B11, indicate the elevation datum used for the BFE in B9:NGVD 1929 NAVD 1988     Other (Describe);	scribe):
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Are Designation Date:	R (OPA)7 LIYES I No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	ED)
Cr. building elevations are pased on:   Construction Oranges	
A new Elevation Certificate will be required when constitution of the	_ Finished Construction
Ob. Colland Classes Million disease med - 1	etificala is baing as—1-1-4
pages 6 and 7. If no diagram accurately represents the building, provide a skatch or photograph.)	reminerals is pelub combisted - 8
TOTAL CONTROL OF MICHAEL ME VALVAN VALUE DOCK	A30, ARIAH, ARIAO
Complete Items C3a-I below according to the building diagram specified in Item C2. State the datum used the datum used for the BFE in Section B. convert the datum to that used for the DFE in Section B.	d. If the datum is different from
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measur calculation. Use the space provided or the Comments area of Section B as Section B.	ements and datum conversion
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate to Datum NGVD ROY Conversion/Comments GRS. 400 FIZE OF GROPER DUST.	document the datum conversion
Elevation reference mark used 195.15	IN V.C.
B) Top of bottom floor (including basement or enclosure)	on the FIRM?  _  Yes  _
a b) top of next higher floor	
C) Bottom of towest horizontal structural member (V zones only)	
of Altacian Barage (IOD of alab)	
a de la companion de la compan	
servicing the building	\**
1) Lowest adjacent grade (LAG)  294  02 (t.(m) 25	
D p) Highest adjacent grade (HAG)	
of into, or permenent openings (1100d vents) within 1 ft, shows ediscent amile.	
O i) Total area of all permanent openings (flood vents) in C3hsq. in. (sq. cm)	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	9
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to ce I certify that the information in Sections A. B. and C. on this configuration.	rtify elevation information.
certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret to understand that any false statement may be punishable by the as feed in the process of the process o	he data avalloble.
CERTIFIER'S NAME	on 1001.
TILE DAVIE CANOMASAO LICENSE NUMBER	462
PERSIDENT NAME (AR)	DENEMINE
SIGNATURE CTILL PLUT PLANTER STATE	77 801
TELEPHONE	775-2873
MA Form 81-31 AMG 99 SEE REVERSE SIDE FOR CONTINUATION REDIAL	SEC ALL SIDELIIGIDE

CARLOMAGNO SURVEYING

PAGE 02

, <u>(1</u>	these spa	cas, copy the corn	ssponding inforr	nation iro	in Section A.		For Insurance Company Use:	
,4EE	FAPIL	(Including Apt., Unit, (	Suite, and/or Bidg. N	(a.) OR P.O	ROUTE AND BOX NO	),	Polloy Number	
	MER	STATION	STATE	2	7786	IP CODE	Company NAIC Number	
	SEC	TION D - SURVEY	DR, ENGINEER,	OR ARCH	ITECT CERTIFICAT	ÖN (CON	TINUED)	
Copy both sides	of this Elevi	ation Certificate for (	1) community office	ial, (2) ins	urance agenVcompe	ny, and (3)	building owner.	
COMMENTS	_76	floor plan	u at de	alex -	292.25		1	
	The	flune is st	ted I do	vetier	2 85. 40			
AFATIAN H	5444 F144					L	Check here if attachment	
SECTION E	BUILDING	ELEVATION INFO	RMATION (SURV	EY NOT I	REQUIRED) FOR ZO	NE OO an	d ZONE A (WITHOUT BFE) d for use as supporting	
E1. Building Diagn see pages 6 a E2. The top of the (check one) th E3. For Zone AO o	OMA or LO.  am Number  nd 7. If no  bottom floor  e highest ac  only: If no floor  agement or	MR-F, Section C mu (Select the bidlegram accurately in the control of the control	ist be completed. Initiding diagram in represents the but not or enclosure) of available, is the limit of the	iost similar iding, prov the building op of the to known. Ti	to the building for wilde a sketch or photo ig is	nich this ce graph.y  ithis.	erlificate is being completed -  (cm)   above or   below  ince with the community's	
	250	HUNF-PROPERT	Y OWNER (OR C	WNER'S	REPRESENTATIVE	CERTIFIC	ATION	
The property own community-issued	er or owner BFE) or Zo	s enqer bezhorius s ne AO musi sign he	entative who comp we,		ions A, B, and E for 2	one A (wi	thoul a FEMA-Issued or	
	R'S OR OWN	NER'S AUTHORIZED I	REPRESENTATIVE					
AUDRESS	274	- FLAFRATHER		CITY	/a.l	STATE	ZIP CODE	
SIGNATURE				DATE	-18-01	TELEPHO	VE.	
COMMENTS		0			-161		5.2873	
	~	on ABOVE				<del></del>		
	- Xine		O - COMMUNIT	YINEOOL	ATION (OPTIONAL		Check here if attachments	
1.   The Information of the Info	ition in Seci or architect v ata in the C ity official co	ted by taw or ordinal of this Elevation Cert ition C was taken from who is authorized by omments area below mpleted Section E fi	nce to administer ilikaté. Complete m other document state or local law v.) or a building local	the commu the applic ation that I to certify e ad in Zone	inity's floodplain man able ilem(s) and sign has been signed and ilevalion information.	agament of below, ambossed (Indicate ssued or c	ordinance can complete  I by a licensed surveyor, the source and date of the ommunity-issued BFE) or	
G4. PERMIT NUMBE	R	GS. DATE PER		10111	GS. DATE CERTIFIC		DMPLIANCE/OCCUPANCY	
7. This permit has	been lasuer	l for: I New Co	nstruction    :	Substantia	ISSUED Improvement			
8. Elevation of as-b	uilt lowest (	loor (including base	ment) of the buildi	ng is:	mibtosament		t.(m) Datum;	
9. BFE of (in Zone	AO) depth	of flooding at the bui	lding site is:	•		1	I.(m) Datum:	
OCAL OFFICIAL'S N	NAME	***		TITI				
COMMUNITY NAME				TEL	EPHONE	<del></del>		
SIGNATURE		DATE						
COMMENTS					<u> </u>		· · · · · · · · · · · · · · · · · · ·	
					····			
							Check here if altachments	



